



Department of  
**HUMAN SERVICES**

***DRAFT Children's Behavioral Health  
System State Board  
Annual Report***

**December 2021**

# Children’s Behavioral Health System State Board

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## INTRODUCTION

This Annual Report of the Iowa Children’s Behavioral Health System State Board is being submitted pursuant to Iowa Code § 225C.51. This report includes a summary of all activities undertaken by the state board and results from identified behavioral health outcomes and indicators for the Children’s Behavioral Health System.

## Executive Summary

The Children's Behavioral Health System State Board (Children's Board) are experts who act as the eyes and ears of Iowa children and families. Members remain optimistic and stay true to their purpose, working together as passionate and committed experts. The members of the Children's Board identify the needs of Iowa's children and work to resolve gaps in service. The Children's Board provides guidance to promote the development of an effective Children's Behavioral Health System (Children's System) in our state. The group acknowledges the ever-changing needs of families and believes all children should have the opportunity to succeed and thrive. Behavioral health care is essential care and especially impactful for kids. A Children's System that acknowledges needs and supports positive outcomes is necessary. An inclusive, accountable, transparent approach to reviewing the whole Children's System is applied. The perspectives of individuals and families with lived experience assist in focusing recommendations while legislative action promotes implementation and sustainability. Data is used to inform decisions. The result of this work will be a coherent and cohesive system of services for children that is continually improved, achieving outcomes through accountability.

The Children's Board met a total of six (6) times virtually this past year. The Children's Board had discussions over the following topics: Current Events impacting the Children's System, Mental Health and Disability Services (MHDS) Regional implementation of children's services, Universal Screening Recommendations, Workforce Development Recommendations, Funding the Children's System, and Outcomes and Indicators for the Children's System. The Children's Board also hosted a Parent Panel.

The Children's Board recognizes the work accomplished to lay the groundwork for the Children's System but is cognizant that gaps continue to exist in the Children's System that require further action to build a holistic Children's System. As part of its work to review results and indicators for the Children's System, the Children's Board has identified priorities within the next year for decision-makers as Iowa continues to build its Children's System.

## Priorities Identified for Decision-makers

The Children's Board identifies the following priorities within the next year for decision-makers as Iowa continues to build its Children's System:

- Continue service growth to all areas of the state including but not limited to core and core plus services.
- Conduct statewide resource mapping for Children's services.
- Prioritize critical workforce needs in all levels of behavioral healthcare statewide. Specific recommendations include establishment of a low- or no-interest loan-consolidation or loan-forgiveness program in exchange for provider commitment to work for a set period in a specific area, especially rural areas; providing funding for registered apprenticeship programs that result in credentials for those

who work in children's behavioral healthcare; and creation of additional psychiatric residencies in Iowa.

- Implement strategies to enhance and support the current behavioral health workforce.
- Expand training in children's behavioral health issues for primary care providers, physician assistants and nurse practitioners with focus on the First Five program.
- Prioritize behavioral health training and support in schools, colleges and universities to address the needs of students and staff.
- Provide funding to eliminate the Children's Mental Health Waiver waitlist.
- Continue to grow and support early intervention strategies to ensure the right treatment to the right kids at the right time.
- Explore and correct gaps in services that currently hamper effective care including but not limited to crisis stabilization for youth with complex behavioral disorders.
- Implement universal behavioral health screenings with informed consent by child's parent or guardian as identified in the 2019 Universal Screening Panel Report.
- Continue to develop and implement statewide data collection pertaining to children with a serious emotional disturbance (SED).
- Continue to prioritize exploration and development of Juvenile Assessment Centers in Iowa.

## Children's Board Overview

The Children's Board was established in Iowa Code § 225C to oversee and guide the implementation and management of a Children's System for the provision of services to children with a serious emotional disturbance.

### Children's Board Membership

Iowa Code § 225C requires members of the Children's Board to be individuals with lived experience and individuals with experience and knowledge about children's behavioral health services. The Children's Board membership includes Directors of State Departments and public members with the Directors of the Department of Education (DE) and Department of Human Services (DHS) serving as co-chairs. See Appendix A for membership list.

### Children's Board Meetings

The Children's Board meets at least four times per year. Meeting agendas, minutes, and supporting materials were distributed to over 220 interested persons and organizations and made available to the public on the DHS website. The meetings are attended by an average of 60 public participants.

## Activities Undertaken by the Children's Board

### Current Events

During 2020, the Children's Board received many updates on current events impacting the children's system, including the COVID-19 pandemic. Due to these events, the following programs and actions have occurred within the state, impacting the children's system:

1. **DHS and IDPH Program Alignment** - Public Consulting Group has been secured as the vendor for this contract and has been working towards establishing how the work will be done, including how long this process is going to take and what can be expected moving forward. The project plan will include creating milestones and a connections point report, which will identify those spaces that live in different departments or divisions within those departments that have functional connection in the work that they do that may need to be brought closer together. Stakeholder engagement and feedback will be a critical part of the effort. Specifically looking at the impact on social determinates of health, how to coordinate and integrate care for high utilizers of services, ensuring a no wrong door approach that streamlines entry points for customers as many access services out of multiple spaces (SNAP, WIC, Medicaid, etc.), as well as a focus on intervention and prevention. The plan will also focus on leveraging federal funds and internal resources by looking at duplicative effort in order to synergize the work that is done and making sure to focus on a whole-person continuum of care.
2. **Emergency Education Relief Fund (GEER II)** - The Governor has allocated approximately \$8.5M towards mental health, specifically for competitive grants for PK-12 districts that have been most significantly impacted by COVID-19 to

provide mental health supports in schools including: coordination and delivery of mental health, wraparound supports, Youth Mental Health First Aid and implementation and suicide prevention services and programming. Applications open up May 1, 2021 and closed May 31, 2021. The DE is reviewing the one hundred and thirty (130) applications and will be awarding based on need and school size.

3. **9-8-8** - Federal legislation was passed to transition the current National Suicide Prevention Lifeline number (1-800-273-8255) to the three-digit number 9-8-8 by July 16, 2022. Vibrant, the contractor for the Lifeline, released a planning grant opportunity for states to apply to assist with the transition. Iowa Department of Public Health (IDPH) and DHS are partnering on the grant and working with a statewide coalition to develop an implementation plan.
4. **Community Integration** - DHS continues to work on community integration to meet the needs of individuals to ensure they are served in the least restrictive setting possible and are not placed in a facility because there are not adequate resources in the community.
5. **Mental Health System Funding** – SF619 changes the way MHDS Regions are funded, from a system based on county property taxes to a 100% state-funded system over a two-year period. The Bill creates a General Fund standing appropriation to DHS for distribution to the MHDS Regions through performance-based contracts. The Bill creates incentive payments for Regions in compliance with their regional service system management plan and meet prior year ending fund balance requirements.

### Updates from MHDS Regions

Darci Alt, CEO of Heart of Iowa Community Services Region, presented on collection of data and progress on implementation of children's services. Additional activities the Regions are engaged in include: an AEA summit in June, training for regional children's coordinators, campaigns to reduce stigma, resource mapping, and the Handle with Care Initiative.

### Review of Screening Panel Report

Marcus Johnson-Miller, IDPH, served on the Children's Board Universal Screening Workgroup (workgroup). He reviewed the goals and recommendations of the Workgroup as well as an update and information on 1<sup>st</sup> Five Health Mental Development Initiative and how it supports universal screenings. The Children's Board supports the implementation of the following:

1. Universal screening activities use existing programs of strength, supply strong communication tools, and activates care coordination functions of the Children's System.
2. Leverage the strength of the Iowa EPSDT (Early, Periodic, Screening, Diagnosis, and Treatment) program, 1<sup>st</sup> Five, Children's Health Insurance Program, and Department of Education activities including the use of the MTSS framework for supplying and broadcasting the message of social emotional behavioral health and well-being.

3. Public education about universal screening as a proactive strategy for maximizing healthy social emotional behavioral development and building family and community strength.
4. Provide screening with informed consent by a child's parent or guardian in the environments naturally engaging with families: healthcare and schools, as well as innovative strategies like placing healthcare clinics in or alongside schools, childcare, early childhood programs.
5. Provide families, in various contexts, with resource navigators who serve to support, educate, and accompany families through the identification of need to intervention and resolution. Examples of resource navigators are found in 1<sup>st</sup> Five and Scott County.
6. Provide training for all screeners/practitioners and to use existing stakeholders and relationships (Systems of Care, AAP Iowa, EPSDT, Family Physicians, 1<sup>st</sup> Five, and the Department of Education including Areas Education Agencies) to ensure broad capacity, competence, and networks are developed.
7. Training includes specific training and support about choosing best screening tools for the various contexts in which screening will happen.
8. The State Board endorses the Practice Parameters and Suggested Matrix of Tools and institutes a robust periodic review of suggested tools.
9. A diligent analysis of barriers to universal screening including funding, payment, personnel, and referral network adequacy. Education and healthcare communities presently manage extraordinary expectations often with competing demands and limited time. Removal of impediments and creating efficiencies for these providers is strongly recommended. Additionally, equity across insurance types (and for the uninsured), in access to quality care, and of service and provider capacity is a significant concern and removal of these barriers will be necessary.

### **Update from Workforce Subcommittee**

In May and July 2021, Beth Townsend, Director of Iowa Workforce Development (IWD), presented the recommendations previously developed and since updated by the Workforce Subcommittee. Beth provided information on other IWD activities. IWD received \$16.5M in coronavirus relief funds, which went to workforce training programs in the community. Approximately \$3M went to training direct care workers, which was a big increase in funds to those programs. There has been continued interest in those programs. IWD also funded more programs in the Employer Innovation Fund for 2021 and hope to use the second round of coronavirus relief funds. to create workforce training programs that come with wraparound services that target industries that need the most help.

### **Parent Panel**

In December 2020, the Children's Board hosted a parent panel to hear from families who have encountered Iowa's mental health system. Cayleen Mesecher (Ankeny), Mavis Anema (Orange City), Nina Richtman (Des Moines), and Sarah Nelson (Iowa City) participated in the panel sharing their own experiences of navigating the children's behavioral health system. Mary Neubauer moderated the question and answer period of the parent panel with the following key takeaways on improving the system: increase in



trauma informed training, expansion of more crisis services statewide, more mental health services offered by the same providers, more mental health professionals in rural Iowa, better caregiver/parent support, day hospitalization/short-term services, improve communication between community providers/education providers/healthcare providers, expansion of trained/qualified mental health professionals, and increase in reimbursement to mental health professionals.

## **Strategic Planning**

Shelley Horak, DHS Program Manager, facilitated discussion with the Children's Board on navigating their role as a board and identifying future goals for the board. The Children's Board identified successes they have had including being established as a codified board, having diverse representation on the board to facilitate meaningful conversations, and producing universal screening and workforce recommendations. The Children's Board identified opportunities for the Children's Board including the formation of additional workgroups, hearing more from parents and members of the public, and providing clear recommendations in reports. The Children's Board identified the following short-term goals: examine cost of the Children's System, identify gaps in the Children's System, make progress on their Universal Screening recommendations, and have conversations on how to divert children from higher levels of care. The Children's Board identified the following long-term goals for the Children's System: having fewer cries for help from the community due to increase in services available and meeting community's needs, moving to an assessment-based system so children can get the right service at the right time, and whole system transparency.

## **Presentations**

Throughout the past year, the Children's Board heard the following additional presentations relating to the children's system:

- 1. AEA & MHDS Region Website** - Darci Alt, Heart of Iowa Community Services Region CEO, and Jenny Barnett, Green Hills AEA, reviewed a mental health resources website developed by AEA communication staff. This website is directed towards parents, caregivers, school personnel and students and covers becoming aware of mental health challenges, where to find support, how to advocate for mental health and practicing self-care. This website can be found at: <https://iowaaeamentalhealth.org/>.
- 2. Therapeutic Classrooms** - Barb Anderson and Kathy Bertsch with the DE presented on therapeutic classrooms and how the classrooms are being developed. Signed into law June 29, 2020, SF 2360 provides a comprehensive approach to create a safe learning space for students and teachers, including therapeutic classrooms. The DE was charged with creating a competitive incentive grant to establish therapeutic classrooms. Through this competitive grant process, 26 public school districts applied. The following school districts were the grant recipients: Ames Community School District, Clinton Community School District, Eastern Allamakee Community School District, Hinton Community School District, Mount Pleasant Community School District, and Washington Community School District. Funds were distributed by August 1, 2021.



3. **SED Checklist** - Liz Cox and Julie Gibbons of Polk County MHDS Region presented the final SED Checklist completed by a subgroup of stakeholders. Referencing Iowa Code, Substance Abuse Mental Health Service Administration (SAMSHA) and the Centers for Disease Control (CDC), the group finalized the Iowa SED Checklist to assist MHDS Regions in determining eligibility for regional funding for behavioral health services. Liz clarified that the checklist is not a qualification tool for services or a diagnostic tool.
4. **Children's Mental Health in Law Enforcement** - Andrew Allen YSS CEO, David Hicks, YSS, and Marshalltown Police Chief Mike Tupper of MPACT and Marion County Sheriff Jason Sandholdt led the Children's Board through a conversation on children's mental health and law enforcement including what concerns and obstacles currently exist. Andrew, David and Chief Tupper presented on MPACT, a program currently in development to embed mental health professionals into the Marshalltown Police Department to help address the concerns and obstacles discussed.
5. **Foundation 2 Law Enforcement Liaisons** - Sarah Nelson, COO of Foundation 2 (F2), and Drew Martel, Director of Crisis Services of F2, presented on their Law Enforcement Liaison program. Following the national co-responder model, F2 began implementing the model in 2017 with hiring their first liaison with Cedar Rapids Police Department (CRPD) in 2018. The program has since expanded to additional police departments and sheriff's departments. This expansion has been funded by the East Central MHDS Region. Since the operation of this model began, the program has improved safety, increased access to behavioral healthcare, improved criminal justice diversions, reduced costs, and improved community relations.
6. **Addressing Self-Harm in Youth** - Dr. Caitlin Pedati, IDPH State Epidemiologist and State Medical Director provided an update on the efforts that have occurred regarding the increase in reports of attempted self-harm among adolescent females across the state. Dr. Pedati indicated that they have been pulling together a team of individuals from IDPH, Poison Control Center and federal partners at the CDC and SAMHSA to look at assessing what has been happening over the last several months as well as the available resources. Objectives of the team are to better characterize current trends in Iowa comparing them to historic information and national trends and to pull together resources and supports needed to address the ongoing issue.
7. **Families First** - Janee Harvey, DHS Adult and Children Family Services Administrator, presented an overview of the Families First Prevention Services Act and how it is being implanted in Iowa. Signed into law in February 2018 with the premise that children do best in families, the Act is a funding bill with a philosophy of shifting the system to focusing on family well-being, strengthening family connections and preventing foster care placement.
8. **Juvenile Assessment Centers** - Molli Cook, Executive Director of the National Assessment Center Association (NAC) presented an overview of the Assessment Center Model and how NAC advocates for and supports assessment centers. Nicole Mann, Eastern Iowa DECAT, provided information

regarding Scott County Kids and the assessment center currently being developed in Scott County.

9. **Crisis Intervention Training (CIT)** - Joe Smarro, CEO of SolutionPoint+ provided an overview of Crisis Intervention Training (CIT), including what the training entails and successful outcomes, pointing out the need to open up the silos between law enforcement and behavioral health and to share the gaps, indicating that training is important, but it is equally important to have resources in place to assist.
10. **Clinical Workforce Presentation** - Greg Nelson, Director/Assistant Dean, from the Iowa Health Professions Tracking Center in the Office of Statewide Clinical Education Programs (OSCEP) with the University of Iowa Carver College of Medicine presented an overview of the mental health workforce in Iowa, specifically as it relates to physicians (psychiatrists), psychologists, physician assistants, and advanced nurse practitioners, including distribution of mental health professionals across the state, age and gender analysis of mental health professionals in Iowa, why psychiatrists leave Iowa, and psychiatric residency programs in Iowa.
11. **Youth Risk Behavior and Iowa Youth Survey** - Rhonda Chittenden, IDPH, reviewed data outcomes of the 2018 Iowa Youth Survey (IYS) and 2019 Iowa Youth Risk Behavior Survey (YRBS). Rhonda indicated that due to the Governor's emergency declaration regarding the pandemic, IDPH did not distribute the IYS and YRBS in 2020 but will be doing so for the 2021 school year.
12. **Iowa Center for School Mental Health** – Amy Williamson, DE, and Dan Clay, University of Iowa, presented that the DE has committed \$20M of the Coronavirus Response and Relief Supplemental Appropriations Act to support a new University of Iowa-based “Center for School Mental Health” that will offer teacher training and needs assessments statewide. The Center will work with the DE to expand services of the University of Iowa College of Education's Baker Teacher Leader Center.

## Outcomes and Indicators for the Children's Behavioral Health System

The Children's Board metrics and outcomes subcommittee provided updates to the Board throughout the year. The subcommittee has identified five outcomes and ten metrics to begin the framework of data collection for the Children's System. The proposed outcomes are:

1. All children receive a behavioral health screening
2. All children are free of impairment from un-addressed behavioral health concerns of issues
3. All children have access to a gold standard of care
4. All children have a support system
5. Children with complex behavioral health needs will live safe, healthy, successful lives.

The proposed metrics are:

1. Increase in access to comprehensive, coordinated treatment and supports
2. Increase in number of people who know how to access services

3. Decrease in youth suicide ideation, attempts, and completions
4. Increase in number of children who have timely access to appropriate, culturally responsive local behavioral health services with quality providers
5. Increase in number of crisis intervention services that are not law enforcement
6. Increase in number of behavioral health services and supports in schools
7. Increase in number of children who have insurance with adequate coverage
8. Increase in number of children receiving behavioral health screenings
9. Increase in family engagement and involvement during treatment and post-discharge
10. Decrease in contact with law enforcement and juvenile court

The outcomes and metrics subcommittee has begun identifying how these metrics will be measured and where current data exists. The subcommittee recognizes the extensive resources that are needed to ensure adequate data collection of the children's system occurs while identifying a current lack of resources to do so. See Appendix B for the metrics and outcomes spreadsheet.

In May 2021, the subcommittee reported to the Children's Board initial baseline data for SFY 2020 based on Medicaid claims data. This data reflected that in SFY2020 131,651 children aged 0-17 years old and eligible for Medicaid received mental health, behavioral health, and/or substance use disorder services. Of these services, the most common received service was psychotherapy representing 10.3% of the subset. See Appendix C for additional data reported.

The Board recognizes further data collection is required to identify gaps in the system.

## Summary

The Children's Board acknowledges the accomplishments and dedication of Governor Reynolds, Legislature, and key stakeholders for their contributions and commitment to the development of a system with adequate resources to support the behavioral health needs of Iowa's children and their families in order to live healthy, productive, and full lives.

This report is respectfully submitted on behalf of the members of the Children's Behavioral Health System State Board.

## Appendix A: Children's Board Membership List 2020 – 2021

MEMBER CITY (COUNTY) EMAIL ADDRESS	TERM SERVING	REPRESENTS
<b>Andrew Allen</b> Huxley (Story) <a href="mailto:aallen@yss.org">aallen@yss.org</a>	1 <sup>st</sup> Term 7/11/19 to 4/30/22	Child Welfare Provider (President and CEO of YSS)
<b>Darci Alt</b> Redfield (Dallas) <a href="mailto:darci.alt@dallascountyiowa.gov">darci.alt@dallascountyiowa.gov</a>	2 <sup>nd</sup> Term 6/30/21 to 4/30/25	Mental Health and Disability Services Region Chief Executive Officer (CEO, Heart of Iowa Region)
<b>Dan Cox</b> Sioux City (Woodbury) <a href="mailto:dcox@nwaea.org">dcox@nwaea.org</a>	1 <sup>st</sup> Term 7/11/19 to 4/30/23	Area Education Agency Administrator (Northwest AEA)
<b>Kelly Garcia (Co-Chair)</b> (Polk) <a href="mailto:kgarcia@dhs.state.ia.us">kgarcia@dhs.state.ia.us</a>	Standing	Department of Human Services (Director)
<b>Scott Hobart</b> Davenport (Scott) <a href="mailto:scott.hobart@iowacourts.gov">scott.hobart@iowacourts.gov</a>	2 <sup>nd</sup> Term 6/30/21 to 4/30/25	Iowa State Court Administrator (Chief Juvenile Court Officer)
<b>Peggy Huppert</b> Johnston (Polk) <a href="mailto:peggyhuppert@gmail.com">peggyhuppert@gmail.com</a>	1 <sup>st</sup> Term 7/11/19 to 4/30/22	Children's Mental Health Advocacy Organization (Executive Director, NAMI Iowa)
<b>Nalo Johnson</b> (Polk) <a href="mailto:nalo.johnson@idph.iowa.gov">nalo.johnson@idph.iowa.gov</a>	Standing	Iowa Department of Public Health (Director of Health Promotion & Chronic Disease Prevention)
<b>Carol Meade</b> Newhall (Benton) <a href="mailto:carol.meade@unitypoint.org">carol.meade@unitypoint.org</a>	2 <sup>nd</sup> Term 6/30/21 to 4/30/25	Health Care System Representative (Director of Behavioral Health Services, St. Luke's)
<b>Brad Niebling (Co-Chair)</b> (Polk) <a href="mailto:bradley.niebling@iowa.gov">bradley.niebling@iowa.gov</a>	Standing	Department of Education Designee (Bureau Chief)
<b>Mary Neubauer</b> Clive (Dallas) <a href="mailto:maryneulA@outlook.com">maryneulA@outlook.com</a>	1 <sup>st</sup> Term 7/11/19 to 4/30/23	Parent or Guardian of a Child with Serious Emotional Disturbance (Parent Advocate)
<b>Dr. Nathan Noble</b> Clive (Dallas) <a href="mailto:nathan.noble@unitypoint.org">nathan.noble@unitypoint.org</a>	1 <sup>st</sup> Term 7/11/19 to 4/30/22	Pediatrician (UnityPoint Health Des Moines)
<b>Okpara Rice</b> Marion (Linn) <a href="mailto:okpararice@gmail.com">okpararice@gmail.com</a>	1 <sup>st</sup> Term 7/11/19 to 4/30/23	Child Mental Health Provider (CEO, Tanager Place)
<b>Jason Sandholdt</b> Knoxville (Marion) <a href="mailto:jsandholdt@co.marion.ia.us">jsandholdt@co.marion.ia.us</a>	1 <sup>st</sup> Term 7/11/19 to 4/30/22	County Sheriff (Marion County Sheriff)
<b>Beth Townsend</b> Granger (Polk) <a href="mailto:beth.townsend@iwd.iowa.gov">beth.townsend@iwd.iowa.gov</a>	Standing	Department of Iowa Workforce Development (Director)
<b>Shanell Wagler</b> Panora (Guthrie) <a href="mailto:shanell.wagler@iowa.gov">shanell.wagler@iowa.gov</a>	1 <sup>st</sup> Term 7/11/19 to 4/30/23	Early Childhood Iowa (Administrator)

<b>Richard Whitaker</b> Davenport (Scott) <a href="mailto:whitakerr@verafrnmhc.org">whitakerr@verafrnmhc.org</a>	Standing	Iowa Mental Health and Disability Services Commission (Representative)
Vacant		School District Educator, Counselor, or Administrator
<b>Senator Jeff Edler</b> State Center (Marshall) <a href="mailto:jeff.edler@legis.iowa.gov">jeff.edler@legis.iowa.gov</a>	2 <sup>nd</sup> Term 2/19/21 to 1/8/23	Senate Majority Leader (non-voting)
<b>Rep. Shannon Lundgren</b> Peosta (Dubuque) <a href="mailto:shannon.lundgren@legis.iowa.gov">shannon.lundgren@legis.iowa.gov</a>	2 <sup>nd</sup> Term 2/19/21 to 1/8/23	Speaker of the House (non-voting)
<b>Senator Liz Mathis</b> Hiawatha (Linn) <a href="mailto:liz.mathis@legis.iowa.gov">liz.mathis@legis.iowa.gov</a>	2 <sup>nd</sup> Term 2/19/21 to 1/8/23	Senate Minority Leader (non-voting)
<b>Rep. Timi Brown-Powers</b> Waterloo (Black Hawk) <a href="mailto:timi.brown-powers@legis.iowa.gov">timi.brown-powers@legis.iowa.gov</a>	2 <sup>nd</sup> Term 2/19/21 to 1/8/23	House Minority Leader (non-voting)

## Appendix B: Identified Metrics and Outcomes for the Children's System<sup>1</sup>

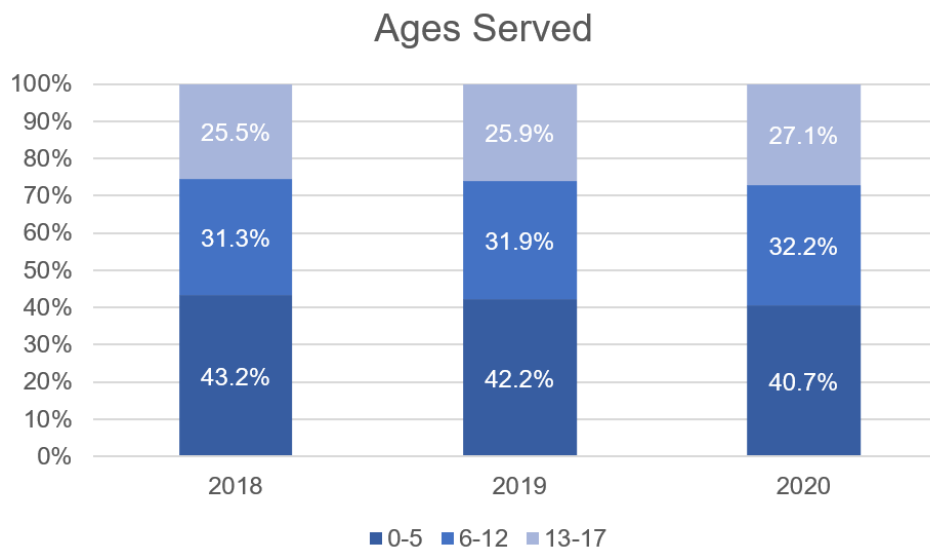
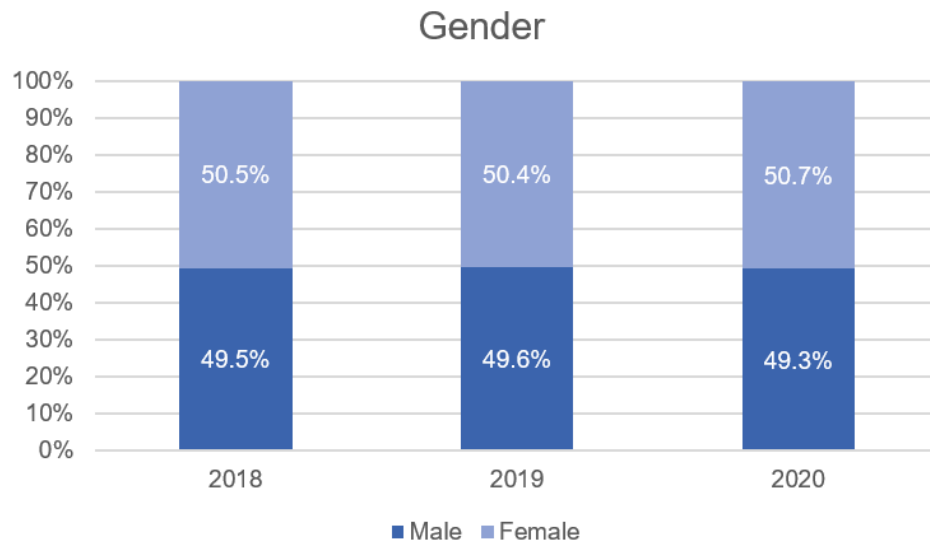
	Outcome	Suggested Metric(s)
1	Outcome 5: Children with complex behavioral health needs will live safe, healthy, successful lives.	5.4 Increase in access to comprehensive, coordinated treatment and supports
2	Outcome 4: All children have a support system.	4.6 Increase in number of people who know how to access services
3	Outcome 4: All children have a support system.	4.7 Decrease in youth suicide ideation, attempts, and completions
4	Outcome 3: All children have access to a gold standard of care.	3.2 Increase in number of children who have timely access to appropriate, culturally responsive local behavioral health services with quality providers
5	Outcome 4: All children have a support system.	4.2 Increase in number of crisis intervention services that are not law enforcement
6	Outcome 4: All children have a support system.	4.3 Increase in number of behavioral health services and supports in schools
7	Outcome 3: All children have access to a gold standard of care.	3.1 Increase in number of children who have insurance with adequate coverage
8	Outcome 1: All children receive a behavioral health screening.	1.1. Deferred until screening panel has completed their report
9	Outcome 4: All children have a support system.	4.5 Increase in family engagement and involvement during treatment and post-discharge
10	Outcome 5: Children with complex behavioral health needs will live safe, healthy, successful lives.	5.5 Decrease in contact with law enforcement and juvenile court

<sup>1</sup> Subject to change



## Appendix C: Children's System Metrics<sup>2</sup>

FY2020 – 131,651 children served 0-17 years old



<sup>2</sup> Based on Medicaid claims data relating to mental health, behavioral health, and substance abuse services delivered.